FOR STATE HEALTH DEPT

DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office afford with form PM3. Page 5 may be retained for your files. 00

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

0

VR AISME (5) 5M 1/65

MEDICAL EXAMINER'S

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04343 DEATH

CERTIFICATE OF

1 06348 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	343
1. PLACE OF DEATH a. COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Real Baryland b. COUNTY Wic	omico /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dames Quarter	c. CITY OR TOWN (if outside corporate limits, write RURAL Fruitland (Rural)	22 - 2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address Monie Bay	d. STREET ADDRESS Box# 291 (Allen Rd	ON A FARM? YES NO
3. NAME OF PECEASED (Type or print) CARROLL LINWOOD	BANKS SR. DEATH MARCH	Day Year 20 19 66
	Oct.11/1922 43 yrs. 05	Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work dona during most of working life, even if retired) INDUSTRY Traverm Owner & Operator	Fruitland, Maryland U	S A
John F. Banks	Alverta Emily Brumbley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give war or dates of service) YES W. W. # II 212-18-6826	informani rs.Nelda E.Banks(Wife)Box# ruitland. Maryland	291
28. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate (b)		INTERVAL BETWEEN ONSET AND DEATH MINUTES
undarlying causa last. (c)		19. WAS AUTOPSY PERFORMED? YES NO
	CURRED. (Enter natura of injury in Part I or Part II of Item 18. •ver while fishing)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Coutory, street, office bldg., etc.) Inie Bay	nerset Md
21. I certify that I took charge of the remains described above, h	uicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	and in my opinion 22. DATE SIGNED
EXAMINER'S Dr. Everett C. Sutter (Eames		23/1966
	ily Cemetery -Near Fruitla	ind, Md.
24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY SALISBURY MAR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o Judal

colonely banky 21 5000 (Israel (marel) sada un cara. Box 291 (Allem E3) west office BANKS SR. PARCH 20 66 CAMPUTAL SERVICES 00t.11/1922 43 05 09 Male' bite Fruitland, Mayland D 3 A Travern Owner & Operator yeld of the street John F. Sagke Yes and (212-13-6326 routling, Peryland

Dr.Evereth C.Sutter(Dames Juneter, Mg.)

Swright Pro. 33/1966 Banks Paully Cemetery - West Praititions, Md.

ROLLOMAY & CONTARY SALIBSONY, MARILING DAMES AND DESCRIPTIONS.

FOR STATE **HEALTH DEP**

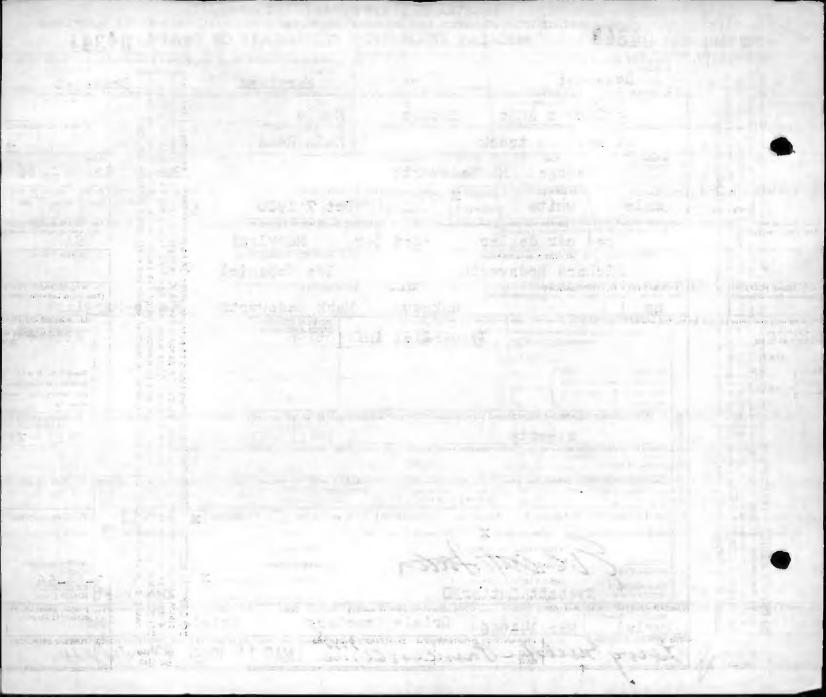
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CEDITICATE OF BEATH OF ACADEMIC

	() ~ (143							
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Rea. STATE b. COUNTY	esidence before edmission							
Semerset MARYLAND		erset							
b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1									
write RURAL and give neerest town)		4 9							
Princess Anne 2heurs	Monie /	9-1							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?							
at work on truck	Main Read	YES NO							
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year							
(Type or print) George R Bedsworth	beath March 1:	2 19 66							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HRS.							
male white widowed Divorced	Oct 7 1900 lest birthdey) Months D	leys Hours Min.							
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY							
done during most of working life, evan if refired) Used car dealer Used Ca	ar Maryland	USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Richard Bedswerth	Ida McDaniel								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address								
(Yes, no, or unkown) (Hyesgive war or dates of service) unknown	Mark Bedswerth Menie Max	ryland							
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY Myocardial in	farction	MINUTES							
	Sales William Company								
920 DUE TO									
Conditions, if any, which (b)									
gave rise to immediate cause (e), stelling the underlying DUE TO									
cause lest.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY							
E about to		PERFORMED?							
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of Injury in Pert or Pert of tam 18.)	YES NO TO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Desity 206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	:U. (Enter nature of injury in Pen t of Pen II of Ham Is.)								
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I While Not While at work at work at work	PLACE OF INJURY (Homa, farm, † 20f. (City or town) (Coun	ty) (State)							
Hour a.m. While Not While	fectory, street, office bldg., etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
21. I certify that I took charge of the remains described above,	held an Autopsy Inspection Inquiry	and in my opinion							
death resulted from: Natural causes 7, Accident . Su	uicide 🔲 Homicide 🔲 Undetermined manner 🔲								
6 . 71	CHIEF MEDICAL EXAMINER								
ACTUAL / WITT TOTAL	ASSISTANT MEDICAL EXAMINER	DATE SIGNED							
SIGNATURE	M.D.	2 21. ((
EXAMINER'S EVERETT SutterMD	Address (Street, city, town, or county)	3-14-66							
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d, LOCATION (City, lown, or sounty)	(State)							
Burial Mar 141966 Oriole Ce	emetery Oriole 1	Md							
23. HOHERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	MATURE							
Lerry States Princess a	MAR 18 1956 Minutes	Judge							
	I BAIL - 1000	1 0							

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 wiff the State Department of Health or its designaled agent, prior to burial, cremation, or removal, and in any event within 12 that after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, VR A15ME 5M 1/63



FOR STATE HEALTH DEPT.

O DEPUTY MEX. EXAMINER: This certificate should be executed within 24 hours after death. If any delay ecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1. 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 for 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event lightin 72 hours after death.

0

2

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04350 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04345

And the sea					
1. PLACE OF I	DEATH	MARYLANO	o CTATE		institution: Residence before admission UNTY Somerset
b. GITY DR	TOWN (if outside corporate limits, JRAL and give nearest town)	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (H	outside corporete limits,	write RURAL and give nearest town
write Ri	JRAL and give nearest town) Crisfield	Life	Cr	isfield	19-1
d. NAME O	F HOSPITAL OR INSTITUTION (if not in	nospital, give street address)	d. STREET ADDRESS		e, IS RESIDENCE DN A FARM?
	DOA McCready Ho	spital	260	6 Hinman Rd.	YES NO
3. NAME DF DECEASED (Type or pr	First int) EMERSON	Middle HARRINGTON	BETTS, SR.	OF	nth Oay Year rch 28 19 66
5. SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In year	(Y) Months Days Hours Min.
Male	White WIOOWEI		Feb. 17, 19	16 50 yrs.	
Deliv	working life, even if retired) eryman Who	kind of Business or INDUSTRY legale Grocery		state or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME		14. MOTHER'S MAII	DEN NAME	
Levin	Betts		Hattie Ste	erling	
15. WAS OECEA	SED EVER IN U.S. ARMEO FORCES? 16 wn) (If yes give war or dates of service)	. SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress
Yes	WW 2 21	8-16-5346 Mr	s. Mary W. I	Betts, Same as	s 2. abcd
	E DF DEATH [Enter only one cause per I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).1 Coronary occ	lusion		INTERVAL BETWEEN ONSET AND DEATH Minutes
42					
Conditions	, If any, which (b)				
	to immediate DUE TD				
underlying	cause lest. (c)				
PART II. OT	HER SIGNIFICANT CONDITIONS CONTRIB	UTING TO OEATH BUT NOT REL	ATEO TO THE TERMINAL	OISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. EXTE PRIMARY [CAUSE OF	ERNAL CAUSE WAS 20b. Or CONTRIBUTING DEATH.	OESCRIBE HOW INJURY OCC	URREO. (Enter nature o	f Injury in Part I or Part I	of Item 18.)
	while while	fact	ACE OF INJURY (Home, fory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
	ertify that I took charge of the re-		eld an Autopsy .	Inspection x, in	quiry , and in my opinio
	esulted from: Natural causes 🛱		licide . Homici		
	0 - 0		CHIEF MEDICA	L EXAMINER	
SIGNATUR	. Orka	ween	DYS. U.	DICAL EXAMINER	Mar. 31, 1960
EXAMINER NAME (Typ		i. D.		et, city, town, or county)	Crisfield, Md.
	CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City,	town or county) (Stete)
Burial	(Specify) April 1, 196	6 Sunnyridge C		Crisfield,	Md.
24. FUNERAL		AOORESS	25a. RE	C'O BY REGISTRAR 25b.	
Bradsha	w & Sons, Crisfield	, Md,	DATAP	R 4 1966 A	Marles Judge

VR AISME (5) 5M 1/65

TO DEPUTY MES

元本中 1 The Property All about des . . other the other the the global to a growing of the narge/1:x maline W skills stron nival Andrew of the control e e AT BUILDING elle - peulTO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please funde carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in an event, within 72 hours after death.

VR A15 (4) 15M 4-64

1.

3.

5. F- 100

13

0

MEDICAL CERTIFICATION

23a.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M 04351 CERTIFICATE OF DEATH	IARYLAND
PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence)	esidence before admission)
Somerset MARYLAND STATE Md. D. COOKIT So	merse
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PREF Edic mount 92.Vrs. Upner Edic mount	and give nearest town,
d. INAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
NAME OF First Widdle Last 4. DATE Month	YES NO NO
NAME OF BEGEASED (Type or print) Clara Belle, Catlin Beath March	7 1966
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	
a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CI	TIZEN OF WHAT
None None Upper Fairmount Mel ?	UNTRY?
R. FATHER'S NAME	2 (0)
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (es, no, or unknown) (If yes give war or dates of service)	3.0
No Mrs. Viola Meredith, Upper Fou	rmount, md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive failure 4200 DIE TO	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive failure	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive failure Conditions, If any, which gave rise to immediate cause (a), stating the cause (a), stating the DILE TO	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive failure Conditions, If any, which gave rise to immediate cause (a), stating the Course (a), stating the Congestive failure Congestive failure DUE TO Congestive failure DUE TO DUE TO	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive failure Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Congestive failure Arteriescleratic heart disease DUE TO Congestive failure Arteriescleratic heart disease	years Vears Vears
PART I. DEATH WAS CAUSED BY: Homediate cause (a) Congestive failure	years Vears Vears
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive failure Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18. COUNTRIBUTING FINJURY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While at work a	DONSET AND DEATH WEEKS YEARS 19. WAS AUTOPSY PERFORMED? YES NO inty) (State)
PART I. DEATH WAS CAUSED BY: Homeolate Cause (a)	DONSET AND DEATH WEEKS YEARS 19. WAS AUTOPSY PERFORMED? YES NO (State) inty) (State) , that (I) (we) last he date stated above. ATE SIGNED
PART I. DEATH WAS CAUSED BY:	DÜNSET AND DEATH WEEKS YEAR 19. WAS AUTOPSY PERFORMED? YES NO inty) (State) , that (I) (we) last he date stated above.

BURIAL, CREMATION, REMOVAL (Specify) 23b. 3/ 0 5%. emeter 25a. RES REE'D BY 24. REGISTRAR

NAME OF CEMETERY OR CREMATORY

23d.

LOCATION (City, town or county)

(State)

23c.

DATE THEREOF

A CONTRACT OF THE PARTY OF THE Manual Control of the sound to prove of the chambrage. - - - (PRf ant - -) - - - - (PRf) The state of the s

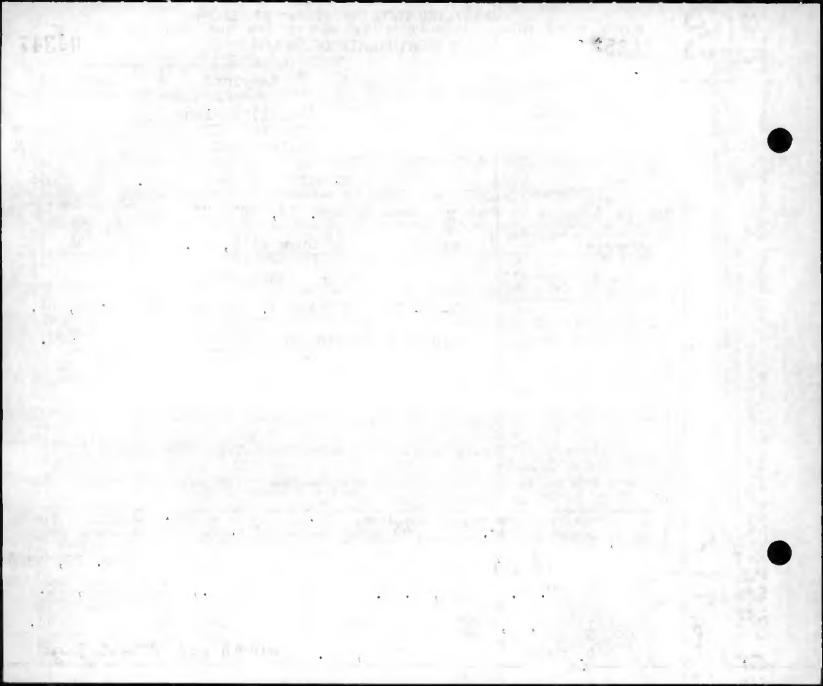
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

0

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04352
CERTIFICATE OF DEATH
04347

0.4000		0 0 - 0
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Res	
Somerset MARYLAND	a. STATE Maryland b. COUNTY So	merset
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)
write RURAL and give nearest town) (Rural) Marion	(Rural) Marion	9-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS	B. IS RESIDENCE
	Wesley Road	ON A FARM? YES NO 2
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) ANNA	CORBIN DEATH Mar. 2	3 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	OATE OF BIRTH 9. AGE (in years FUNDER 1	
Female Negro WIDOWED NORCED I	Dec. 25, 1893 72 yrs. Months	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT
during most of working life, even if retired) Laborer INDUSTRY Seafood	Snow Hill, Md.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Purnell	Anna Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, πο, or unkown) (If yes give war or dates of service) 213-14-7207 W	illiam W. Martin Crisfie	and Md.
	IIIIam n. naroin origina	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cerebral Hemo	- 22 20 0 0 0 0	ONSET AND OEATH
PART I. DEATH WAS CAUSED BY: Cerebral Hemo	ormage	L III b.
33/X DUE TO		
Conditions, if any, which (b)		
gave rise to Immediate Cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION	FED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Coun	ty) (State)
Hour a.m. While Not While factor	y, street, office bidg., etc.)	, , , , , , , , , , , , , , , , , , , ,
	Nov 1 65 Man 23 - 66	
	Nov. 4 , 1965, to Mar. 23, 1966	that (I) (we) last
	death occurred at 9 A.M, from the causes and on the	date stated above.
22a. SIGNATURE		TÉ SIGNED
() away . M.O.	PHYS. DIRECTOR PHYS. 1121.	25, 1966
22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M. D.	324 Main St., Crisfiel	d, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or coun	ty) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Burial Mar 27,1966 Asbury Cemetery	etery Crisfield	Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
Anthony S. Ward Crisfield.	Md. DAMAR 30 1966 Icharles	Judge
	DATER III V V IVVS /7	- 11 81

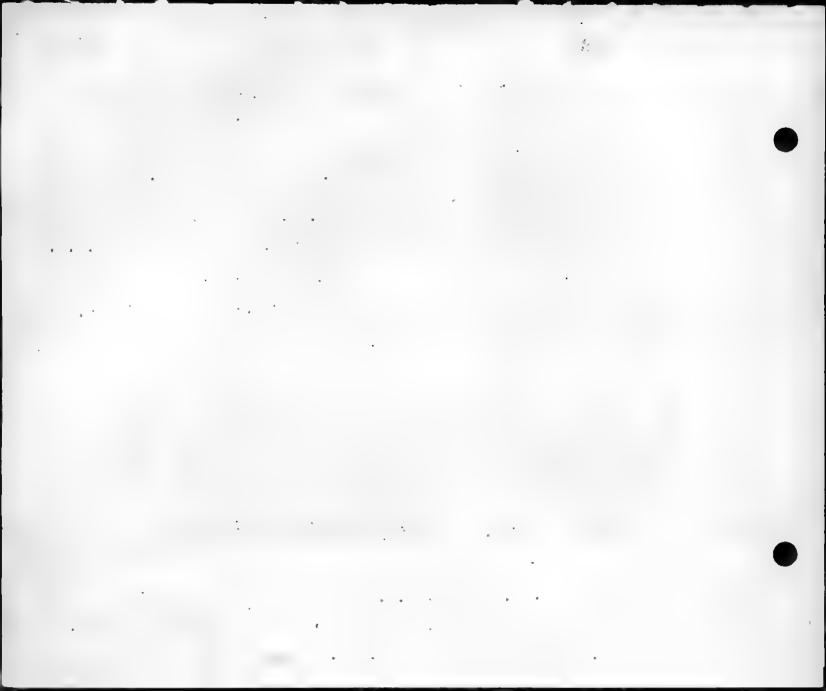


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temo, carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO BESTAL OR STRESSING PRYSICIAN: The law requires that the death certificate be exacuted within 24 hours after weath. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(14348)

1.	a. COUNTY Somerset	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Maryland Somers at:						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Crisfield	Westover i 9 · i						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCroady Memorial Hospital	d. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)						
3.	MAME OF First Middle Sherwood (Type or print)	COX DATE Mare 21 Day Year 19						
	1. MARKET MARKET MARKET I	B. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
I		AUG.12,1893 72 vrs. Months Days Hours Min.						
1Da dur	a. USUAL DCCUPATION (Give kind of work done in control of BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND						
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	LAMBERT COX	BELLE PEARSON						
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
(1)	YES WAR 1 MRS	SHERWOOD COX WESTOVER, MD.						
7	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Emysley	ONSET AND DEATH						
	DUE TO							
	Cenditions, If any, which \ (b)							
	gave rise to immediate (
	cause (a), stating the DUE TO underlying cause last. (c)							
NOI	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
ICAT		PERFORMED?						
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY DCCU OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)						
CAL		CE OF INJURY (Home, farm,) 20f. (City or town) (County) (State)						
MEDI	Hour a.m. While Not While p.m. 19 at work at work	y, street, officebidg., etc.)						
	21. I certify that (I) (this hospital) attended the deceased from							
		death occurred at 125 M. From the causes and on the date stated above.						
	22a. SIGNATURE a. l. Rawley M.D.	ATTENDING MED. STAFF						
	22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS 22d. ADDRESS						
	NAME (Type) C. G. Rawley, M.D.	Crisfield, Maryland						
23a	BURIAL, CREMATION, 23b DATE THEREDE 23c. NAME OF CEMETERY							
	BURIAL 3/27/1966 ST. ANDREW (
24	. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE						
]	LEVIN R. WILSON PRINCESS ANNE, MI	. MAR 28 1966 Policyles Judge						
_								

VR AI5 (4) 20M 1/65

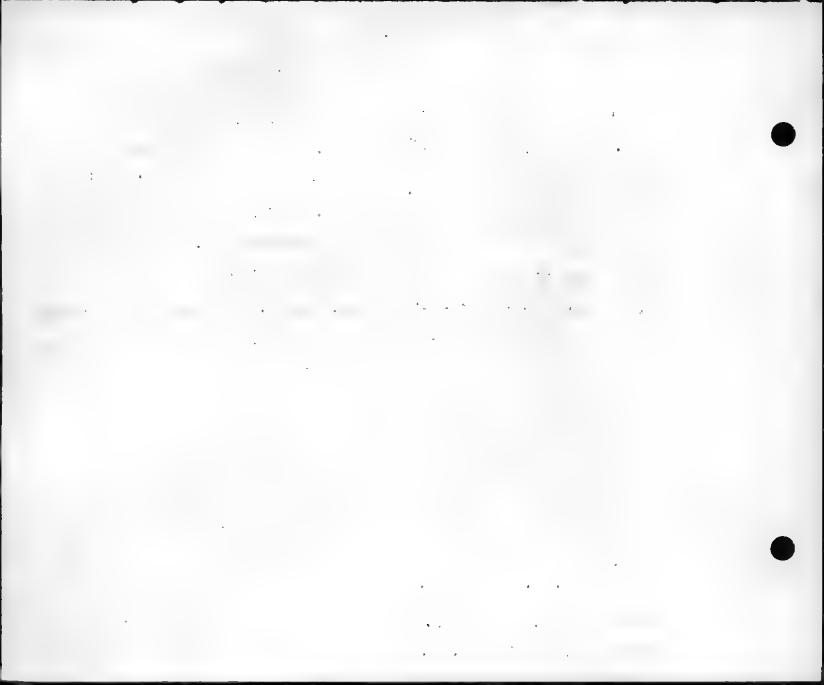


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOSFITAL OR ATTENDING PHYSICIANI The Live requires that the death certificate be executed within 21 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

74998	CERTIFICATI	E UF DEATH		114341)
1. PLACE DF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If In-	stitution: Residence before admission)
a. county Somerset		a. STATE Mar	yland b. cour	WY Sollerse t
	MARYLAND			
 b. CITY OR TOWN (If outside corporate li write RURAL and give nearest town) 	mits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, wr	ite RURAL and give nearest town)
Crisfield	Life	0	-01 3 3	<i>B</i>
d. NAME OF HOSPITAL OR INSTITUTION (d. STREET ADDRESS	sfield	I e. IS RESIDENCE
d. HAME OF HOSP TIAL ON INSTITUTION (Hor III noshirar' Risa streat addiess)	d' SIKEEL MODKESS		ON A FARM?
McCready Memorial		N. Somers		240) YES ND TO
3. NAME DF First DECEASED (Type or print) Verli	C C	Daugherty	4. DATE Monti	
5. SEX 6. COLOR OR RACE 7.		B. DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS
I Male Iwhite I		Nam 25 400	7 68 last birthday)	Months Days Hours Min.
		Nov. 25, 189	yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country	() 12. CITIZEN OF WHAT COUNTRY?
Store Manager	Grocery	Wachapreas	rue. Va.	USA
13. FATHER'S NAME		14. MOTHER'S MAID		
M				
Nevell Daugherty		Pauline Mi	.les	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give war or dates of serv	S? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	SS
Yea Coast Guard	216-05-3758 Mrs	c Trene R	Daugherty, Sar	me as 2. abcd
		5. 11 6116 It.	baugher of, bar	
18. CAUSE DF DEATH [Enter only one ca	use per line for (a), (b), and (c).]	. 0		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (a)_	Cirit muse	Lil Yn	Non-the	4
1/-2/4/1	J. Care J. J. J.	Cantillation	/ 4000000	John.
fd0/ DUE TO	7	1 /		The state of the s
Conditions, If any, which gave rise to immediate (b)	Cononary / ms	uffreing	-q.	- E year
cause (a), stating the DUE TO				
underlying cause last. (c)				
10/-	CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 119. WAS AUTOPSY
CATI	TOTAL	(ILD TO THE TERMINALE	SUBSECTION STREET	PERFORMED?
20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCU	IRRED (Enter nature of	Injury in Part I or Part II o	
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW MACKET GOOD	TAKES. (Enter Hattire of	injusy in Fare For Fare II c	n item xo.y
\$ 20c. TIME OF INJURY Month, Day, Year	1 20d. INJURY OCCURRED 12De. PLA	CE OF INJURY (Home, fa	rm, 2Df. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		ry, street, office bldg., e	tc.)	(00011)
p.m. 19	at work at work		physical control of the control of t	
21. I certify that (I) (this hospital				?4, 19.66, that (I) (we) last
saw the deceased alive on	$\frac{26/66}{19}$, and that	death occurred at	4 My from the causes	and on the date stated above.
22a. SIGNATURE				22b. DATE SIGNED
ah, Ban	M,D		MED. STAFF PHYS.	3/29/66
22c. PHYSICIAN'S		22d, ADDRESS		
NAME (Type) A. N. Ba	rr, M.D.	Cris	field, Mary	Land
23a. BURIAL, CREMATION, 23b. DATE THER	EOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
REMOVAL (Specify)	1966 Asbury Cemeter		Crisfield,	
Burial Mar. 29,	ADDRESS			EGISTRÁR'S SIGNATURE
			. // //	
Bradshaw & Sons, Crisf	ield, Md.	DAAPR	4 1966 /	harles Judge

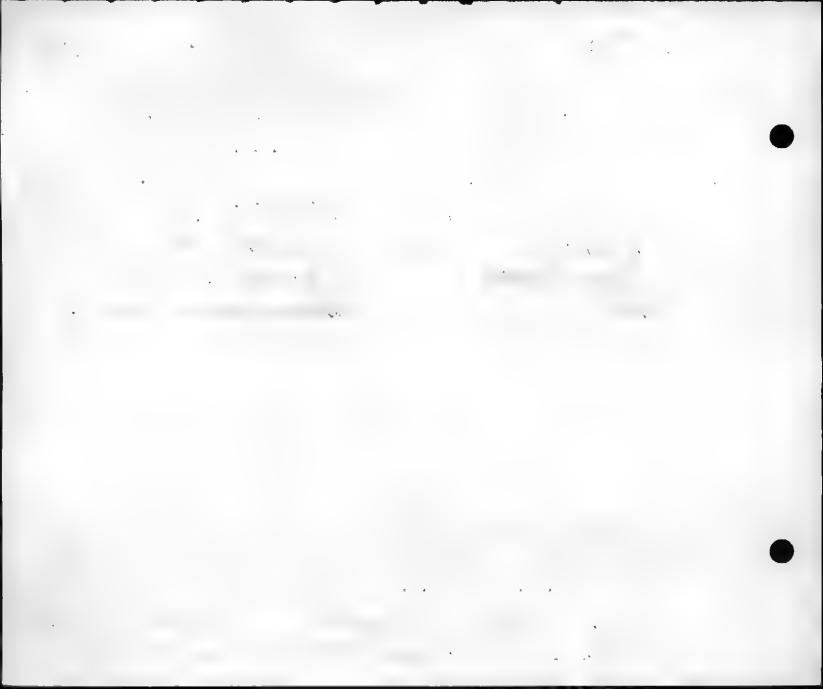
VR #15 (4) 1 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Tage 4 may be retained by the inspired of according to the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove account papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any earth, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	02000		CERTIFICATI	C OF DEATH			(1535):)
1.	PLACE OF DEATH			2. USUAL RESIDENCE (ion: Residence before ac	laission)		
	a. COUNTY	Somerset		a. STATE Mary	rland	b. COUNTY	Somerse t	
_	h CITY OF TOWN 66	vitation annually live the	MARYLANO					
	write RURAL and g	ive nearest town)	C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If out			UKAL and give neares	t town)
	PLIBIT	CTG	1 Day	Crisi	field,	Md.	19.1	
		OR INSTITUTION (if not in he	· ·	d. STREET ADDRESS			e. IS RES	
	McCready	Memorial No	spital	R.F.D.	4			ND X
3.	NAME OF DECEASED	First	Middle	Last 4.	DATE	Month	Oay Yea	
	(Type or print)	Harley		Evans	DEATH	Mar.		66
5.	_	DLOR OR RACE 7. MARRIED	NEVER MARRIEO 8	DATE OF BIRTH	9. AGE	(in years IFUI birthday) Mon	NOER 1 YEAR IF UNDER	
		gro widoweo	40	4/16/1883	80	yrs.		
l Oa Jur	LUSUAL OCCUPATION (G	ive kind of work done 10b. Ki	ND OF BUSINESS OR	1. BIRT PLACE (County	y & State, or for	eign country) 1	12. CITIZEN OF WHAT	
	1 Abort		SEAFORD	CrisFIE	ld m	18	17.5.	
13.	FATHER'S NAME	7-		14. MOTHER'S MAIDEN	NAME			
	John	ENANS		Cornelin	Bro	wastas	h	
15	. WAS DECEASED EVER II	VU.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
	1/2	Bive um ni deresai ad vices	1	MARU Carl	Lourn	- Phi	la Pa	
1	18. CAUSE OF DEATH	Enter only one cause per li	ne for (a), (b), and (c), 1	remy Loop	0001_111-		INTERVAL BE	TWEEN.
-	PART I, DEATH W	AS CAUSEO BY:	A 0 13				ONSET AND I	
ı	1MM	EDIATE CAUSE (a)	market bear	merchan	<i></i>		<u> </u>	المهرب
-1	Conditions 16	DUE TO		,				
-	Conditions, If any, v							
	cause (a), stating							
_	underlying cause last.	(c)						
<u> </u>	PART II. OTHER SIGNIF	ICANT CONDITIONS CONTRIBU	TING TO OEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASE CONDITION	I GIVEN IN PART	1(a) 19. WAS AU PERFOR	
82								NO []
-	20a. ACCIDENT WAS U	INDERLYING 20b. D	ESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Inj	ury In Part I o	r Part II of Ite	m 18.)	
E	OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEATH EDICAL EXAMINER)						
S E	20c. TIME OF INJURY	Month, Day, Year 20d. II		E OF INJURY (Home, farm,	20f. (City o	r town)	(County) (S	tate)
3	Hour a.m.	While at work	MOT MUHE	y, street, office bldg., etc.)				
ž	p.m.	1-1-1-1		/ 1	/ 6-30	150	011 11-1111	-a\ leaf
	saw the deceased	t (1) (this hospital) attende d alive on - 3/29/6(19 44, that (!) (w	
	22a. SIGNATURE	J alive UIL 3/ 27/ 01	and that	death occurred at 6.4	_M, Froin th		OR THE GATE STATED	anove.
-	6	a n- A		ATTENOING MEO		TAFF	3 \ 1 · /	
	22c. PHYSICIAN'S	117 1	M.O.	PHYS. DIRE	ECTOR P	IYS.	5134160	
i	NAME (Type)	S. h. Peyton	n,M.D.		eld.	ionyla n	ıd	
23a	. BURIAL, CREMATION		23c. NAME OF CEMETERY			N (City, town o		ate) =
	BOMOVAL (Spec)fy)	4/2/61	16	-1/	Hara	curl/	M	21
24.	SUNFIAL DIRECTOR	7/3/06	ADDRESS ADDRESS	25a. REC'O	BY REGISTRAR	1 25b. REGIST	TRAR'S SIGNATURE	144
	1/19	5111	P 1 1 10	100 0				
7	tellow	16. clare	(respole)	ILL), GATEK 6	1966	Clian	eles Judas.	

VR A15 (4) 20M 1/65



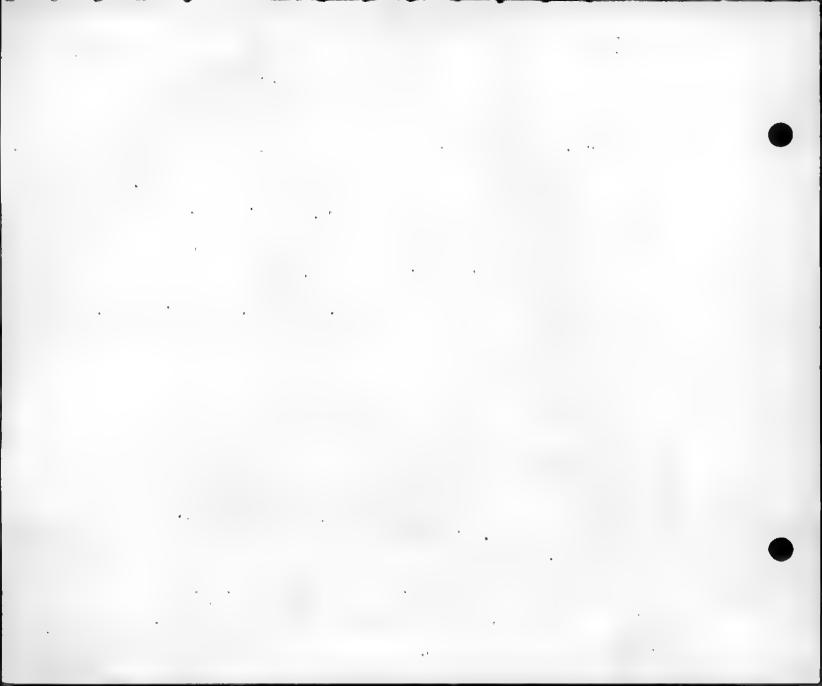
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending that had completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafth.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0430	0		CERTIFIC	ATI	ATE OF DEATH				04350		
1.	PLACE DF DEATI a. COUNTY	Somer	set	MARYLA	ND	2. USUAL RESIDENC a. STATE Mar	yland	eased lived, If Inst		sidence before		
П	b. CITY OR TOW Write RUBBL	N (if outside corpora	te limits,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF		porate ilmits, wri	te RURAL :	and give near	est town)	
_	d. NAME OF HOS	SPITAL OR INSTITUTION	N (if not In b	20 Days	racel	Ewell d. STREET ADDRESS				e. IS RESIDENCE		
		ady Memor			1623)	d. STREET ADDRESS				ON A	A FARM?	
3.	NAME DF		Irst	Middle		Last	4. DATE	Month		Day Y	NO X	
-	DECEASED (Type or print)	Ha	rry	W.		Evans	DE DEATH	***************************************				
5.					7 8	B. DATE OF BIRTH	9.	AGE (In years)	IF LINDED		966 ER 24 HRS.	
М	ale	White	WIDOWED			Oct. 21, 188	18 7	last birthday)	Months	Days Hour	s Min.	
10	a. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Co		21.01	12. CI	TIZEN OF WH	AT	
	aterman	ing life, even If retire		NDUSTRY eafood		Smith Isla	ind. Mo	1.	ÜS	UNTRY? SA		
	. FATHER'S NAM	Andre				14. MOTHER'S MAID						
		Mudie	M L. 1	Evans		Mary Evans	3					
1: (Y	. WAS DECEASED I	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Addres	\$			
	No	None			Mr	s. Maranda E	. Evar	ns, Same	as 2.	abc		
				ine for (a), (b), and (c).						INTERVAL E		
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	· Lobersi .	eq r		su de			ONSET AND DEATH		
	350	Y DUE	TO							1		
	Cenditions, If gave rise to		(b)									
	cause (a), si	tating the DUE	TO									
z	underlying caus	- 1	(c)	ITING TO DEATH DUT NO	FDEL A	TED TO THE TERMINAL D	JOEARE GOM	DITION OF THE INC	ADT 1(a)	119. WAS /	NUTOBOY "	
CERTIFICATION	PARI II. OTHERS	IGNIFICANT CONDITT	Maconikibe	TING TO DEATH BUT NO	IKELA	TED TO THE TERMINAL D	112 EASE GUNI	DILLOW GLACK IM L	AKI I(a)		RMED?	
	208. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA FIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	occu	RRED. (Enter nature of	Injury In Pa	irt I or Part II of	item 18.)			
MEDICAL	20c. TIME OF I		Year 20d. II While lat work	- Not While -		CE OF INJURY (Home, fa y, street, office bldg., et		(City or town)	(Cour	nty)	(State)	
	21. I certif	y that (I) (this hose	oital) attendo	ed the deceased from	13	11 11 L 25 19	to	Bear's 12	. 19 &	that (I)	(we) last	
		ceased alive on M		1966 and	that	death occurred at 8	55M, fro	om the causes a	nd on th	e date state	ed above.	
	22a. SIGNATUR	WE WELL		.Av	M.D.		MED.	STAFF PHYS.	22b. DA	TE SIGNED		
	22c. PHYSICIA NAME (Ty		Rawley	, M. D.		22d. ADDRESS Crisfie	ld, Mo	1	•			
I	REMOVAL (Spe	1-1-1-1				ist Cemetery	Ewel	CATION (City, town)			State)	
	. FUNERAL DIRE			ADDRESS		25a. REC	D BY REGIS	TRAR 25b. RE				
E	radshaw	& Sons, Cri	sfield	, Md.		DAMAR	728 1	956 RC	iante	4 Juda	R_	

15 (4) 1/65 VR A15 20M I,



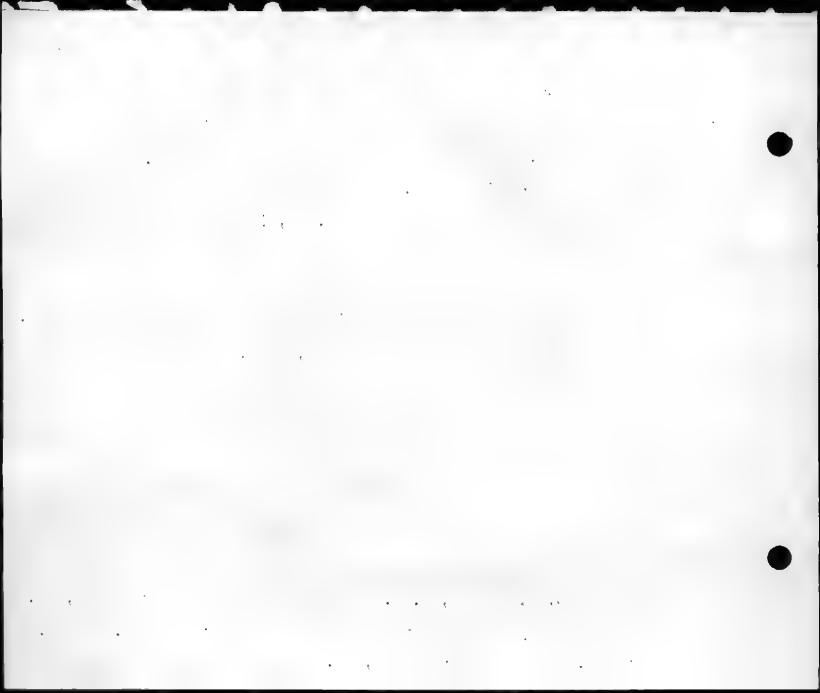
FOR STATE HEALTH DEPT.

10 DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execut. The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Uneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 which State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VR AI5ME (5) 5M I/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	C 60 0 1	111	LDIOAL	EXAMINER	OFICE	MIL V	טו וע	FAIII		U	200	"
1.	PLACE OF DEAT	Н				IDENCE (W	here dece	ased lived, If In		Residence	before a	dm ission)
	a. 000NT1	Somerset		MARYLAND	a. STATE	Mary	lan	đ b. cou	VTY	Som	erse	et
	b. CITY OR TOW	N (if outside corpora	te Ilmits,	C. LENGTH OF STAY IN 15	c. CITY OR TO	WN (If outs	de corp	orate limits, w	Ite RURA	L end gir	ve neere:	st town)
		Crisfield		Lifetime		Cris	fie	ld		1		
	d. NAME OF HO	SPITAL OR INSTITUTION	N (if not in h	ospital, give street eddress	d. STREET ADD	RESS				1 6	. IS RES	IDENCE
L		dy Memo.	Hospit	tal		337	Loc	ust St	•		YES .	FARM?
3.	NAME OF DECEASED		rst	Middle	Lest	4.	DATE	Mont		Day	Ye	11
	(Type or print)		JAMIN	S.	GALE		DEATH	Mar	ch	17	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR			AGE (In years last birthday)	IF UNDER	1 YEAR		
	Male	Negro	WIDOWED	DIVORCED [Aug. 10	, 192	24 4	1 утв.	Months	Days	Hours	Min.
10	a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR	11. BIRTHPL	ACE (State	or foreig	n country)	12. 0	ITIZEN	OF WHAT	
UL	Labore		u)	ypustry Seafood	Ma	rylar	ıd.		Ü	OUNTRY SA	7	
13	. FATHER'S NAM				14. MOTHER'S				- 1			
	Sherma	n Calo			Edith	Denr	115					
15	WASDECEASED	FVER IN ILS ADMED EC	RCF\$7 16.	SOCIAL SECURITYNO. 17.		D (1111	110	Addre	2.4			
(Y	es, no, or unkown)	(If yes give war or dates o	f sarrice)			a Col		_		2 0	h	Бс
<u> </u>	Yes	WW II-19		19-14-3702	Linwoo	u Gal	_ U	Same	25		,b,(
		DEATH LENter only on EATH WAS CAUSED BY		ine for (a), (b), and (c).]						INTE	RVAL BE	DEATH
	72011.01	IMMEDIATE CAUSE	(e) <u>Ce</u>	<u>rebral hemoi</u>	rrhage,	left					HOU!	rs
	33/1	DUE	TO									
	Conditions, if		(b)									
	geve rise to immediate (cause (e), stating the DUE TO											
	underlying cause last. (c)											
S S	PART II. OTHER S	SIGNIFICANT CONDITION		ITING TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEA	SE COND	ITION GIVEN IN	PART 1(a)	19.	WAS AU	
A F										YE	PERFOR	NO T
E	20a. EXTERNAL	L CAUSE WAS	20b. [DESCRIBE HOW INJURY OCC	URRED, (Enter nut	ure of Injui	y In Par	t I or Part II o	of Item 18		- 127	
CERTIFICATION	PRIMARY I or CAUSE OF DEAT	L CAUSE WAS CONTRIBUTING [•		
		INJURY Month, Day,	Vear 20d II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Ho	me farm I	20f #	ity or town)	/00	unty)		State)
MEDICAL	Hour e.n		While	Not While fact	ory, street, office b	ldg., etc.)	2011 (4	110) 01 (01111)	100	unsy	(4	ate to)
Z	p.r		at work	at work				r2-61				
	21. I certify	y that I took charge	of the rem	ains described above, he	eld an Autopsy [XI, Iлs	pection	X, Inqu	iry 🔲,	and	In my	opinion
	death result	ed from: Natural	causes 🔀	, Accident, Su	ricide 🔲, 🔣	omicide [], l	Indetermined	manner			
	1071111	1201	2	1		EDICAL EXA						
	ACTUAL SIGNATURE	1/2/9	CLU	Ken	M.D. ASSISTAN	T MEDICAL	EXAMIN	IER 🔙	-		DATE	SIGNED
	EXAMINER'S		_	1	DEPUTY I	MEDICAL EX	AMINER		-	19	*	88.7
_	NAME (Type)	C. G.	Rawl	ey, M. D.	Address	Street, city	, town,	or county)	risf	iet	α,	Ma.
23	REMOVAL (Spe		HEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23	3d. LOC	ATION (City, to				tate)
	Buriak	13/20/	66	7	etery			ion	Som.			d.
24	FUNERAL DIRE	CTOR	lar	ADDRESS	25a	. REC'D B	REGIST		EGISTRAR			
	Anthony	E. Ward		Crisfield,	Md. DAT	MAR 2	3 19	356 RC	liant	en I	udge	



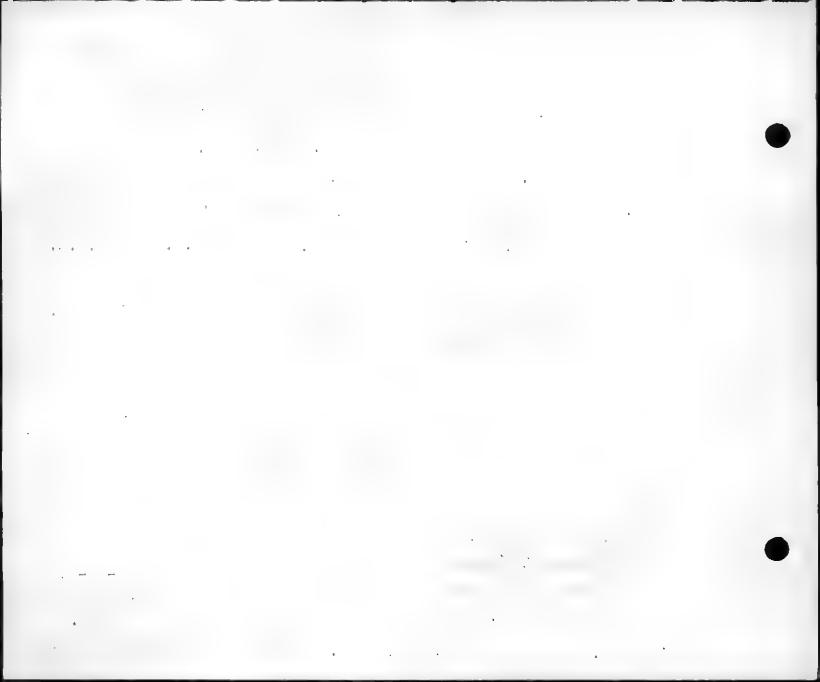
STATE HEALTH DEPT.

KELL EXAMPLE This cert labe word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to a funeral page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be File pages 1 and 2 with the State Department and in any event within 72 hours after death. used as a burial-transit permit. File to burial, cremation, or removal, and TO FUNERAL DIRECTOR: Page 3 should be of Health or its designated agent, prior director. Page 4 shoul retained for your files. TO DEPUTY MED please executa

VR AISME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0435	8	MED	ICAL	EXAMIN	ER'S	CERTIFIC	ATE O	F DEA	FH	{}	43	52	
1.	PLACE OF DEATH							DENCE (Whe		red, If Inst		sidence	before admi	ission)
_	SOM	ERSET		-11-		RYLAND	MARYLAND SOMERSET						h	
	b. CITY OR TOW	CESS 104	est town)	nits,	c. LENGTH OF ST	AY IN 10		INCES		_	IE HURAL I	and giv	e neerest :	town)
-				not in hos	pital, give stree	t eddress)	d. STREET ADDR		D AMM	J		Ž 6	. IS RESID	ENCE
							PR. WI	LLIAM	ST.				ES N	RM?
3.	NAME OF DECEASED		First W.	IRVI	Middle	GAI	LLIHER	0	ATE	Month MARC	TT d	Day	Yeer	
5.	(Type or print)	6. COLOR OR			NEVER MARR		B. DATE OF BIRTS		EATH 9. AGE (in vaara li	FUNDER 1	YEAR	19 C	A HRS.
	MALE	WH	TITTO	IDOWED [May 30	1892	135	Irthday) j	Months 1	Deys	Hours	Min.
100	ISUAL OCCUPAT	ION (Give kind	of work done		D OF BUSINESS	OR	11. BIRTHPLA		foreign cou	-	12. CIT	IZEN (F WHAT	
2	RETIRED	VICE	PRES 1			GLAS	SS CO.	DRESD	EN, N.	Y.	-	U.S	Α.	
13.	FATHER'S NAM REV.		77 17 77 77	CATT	Timala		14. MÖTHER'S							
15	. WAS DECEASED				THER	NO 1 13	INFORMANT	IE KU	LTER	Address				
ίΫ́	es, no, or unkown)	(If yes give war	or dates of servi	ce) 20. 3	OUTAL SECONT I		FRANCE	S CAT	TTHEE	*	.ANN	ਹ	MID	
-	18. CAUSE OF	DEATH [Enter	only one ceu	se per lin	e for (a), (b), and		, ringrott	D GAL	LA A. LA L. FA	1 11	• WILLIA	INTE	RVAL BETW	/EEN
		ATH WAS CAU	SED BY:		ardial		rction					ONS	nour	ATH S
	+ 20,		DUE TO											
	Conditions, If gave rise to		(b)			,							<u> </u>	
	cause (a), si underlying caus		DUE TO											
No			_(c)_ Onditions c	ONTRIBUT	ING TO DEATH BU	T NOT RELA	TED TO THE TERM!	NAL DISEASE	CONDITION	GIVEN IN P	ART 1(8)	19.	WAS AUTO PERFORMI	
CAT												YE		_
MEDICAL CERTIFICATION	20a. EXTERNAL PRIMARY OF CAUSE OF DEAT	CAUSE WAS CONTRIBUTIN H.	G 🗀	20b. DE	SCRIBE HOW IN	JURY OCCI	IRRED. (Enter nutu	re of injury	In Part I or	Part II of	item 18.)			
ICAL	20c. TIME OF		n, Day, Year		URY OCCURRED		CE OF INJURY (Hor		Of. (City or	town)	(Cour	ıty)	(Sta	ite)
MED	p.r	n	19	while at work	Not While		<u> </u>							
					ins described a				ection			and	in my op	inion
	death result	ed from: I	Yatural cau	ses Ly,	Accident [, 50		MICIDE (Dical exam		ermined i	nanner	Ш		
	ACTUAL SIGNATURE	ING	071	ME	to			MEDICAL E					DATE SI	GNED
	EXAMINER'S -	Don - 00 0 de	h Clarks	b = m2/T	`			EDICAL EXA	100		3-	11.	-66	
23:	NAME (Type) E		70.0	terMI		CEMETER	Address (S OR CREMATORY	Street, city,	LOCATION		wn or cou	Se	(Stat	(e)
	REMOVALTER	AT 3/1	1/196				SCEMETER		RINCE	SS A	NNE,	MI).	
24	. FUNERAL DIRE				ADDRESS		25a.	REC'D BY	REGISTRAR 1966		GISTRAR'S			
	LEVIN R	. WILS	SON I	PRINC	ESS AN	NE, I	ID. DAN	huir Te	מסכו י	1	- TO	0	roge.	



FOR STATE HEALTH DEPT.

MES EXAMMER: This certificate should be mecuted within 24 hours after death. If any melay cessary, xecute are certificate, writing the word "pending" is pencil in item 18. Give Pages 1, 2, and 3 to are funeral page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be director. Page 4 should retained for your files. please execute O DEPUTY MES

retained for your mes.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR AISME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

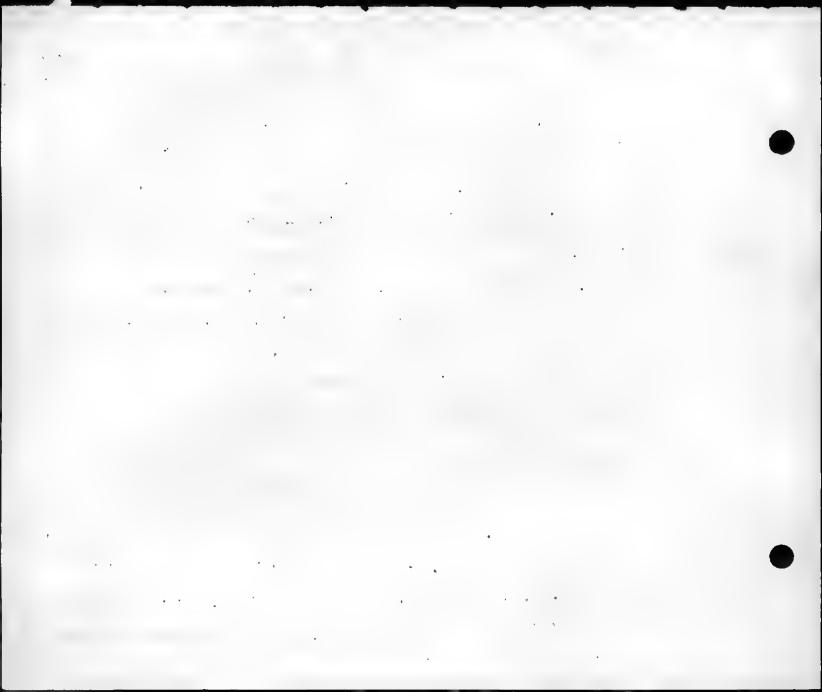
<u> </u>		y 14	IEDICAL	. EXAMINER	5	CERTIFICAT	E OF L	EATH	()	430	3
1.	PLACE OF DEAT a. COUNTY	H				2. USUAL RESIDEN	CE (Where dec	eased lived, If inst	itution: Reside	nce before	edmission)
	a. C05(4) 1	Somerse	±.	MARYLA	NP.	a. STATE	arylar	b. COUNT	r Som	erse	t
	b. CITY OR TOW	N (If outside corpora and give nearest to	ate limits,	c. LENGTH OF STAY		c. CITY OR TOWN (H	outside corp	porate limits, wri	te RURAL and	give near	est town)
	Cri	sfield	₩n)	Lifetime			risfie			1.	,
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (If not In h	ospital, give street edd	ress)	d. STREET ADDRESS		itu		l a. IS RE	SIDENCE
						302 Mai	ryland	Avenue		ON A	FARM?
3.	NAME OF	F	Irst	Middle		Last	4. DATE	Month		YES	NO 🔀
	(Type or print)	OTI		MIGGIO	1	HANDY	OF DEATH	March	4.0		66
5.	SEX	6. COLOR OR RACE		NEVER MARRIEO		B. DATE OF BIRTH		AGE (In veers II	EUNDER 1 VE		
	Male	Negro	WIDOWED			May 30. 19	900	last birthday)	Months Dey		
10	a. USUAL OCCUPAT	ION (Give kind of work	rdone i 10h K	IND OF BUSINESS OR		11. BIRTHPLACE (S		yrs.	12, CITIZE	N OF WHO	T
du	ring most of work	ing life, even if retire	ed) i t	NDUSTRY				or overiting,	COUNT	RYZ	
13	Labore:	_	1 56	afood		Mary.			1 0	OR -	
"		_	I I								
11	WAS DECEASED	orge S. H	landy	SOCIAL SECURITY NO.		INFORMANT	Jones	4.4.4			
ίŸ	es, no, or unkown)	(If yes give war or dates	of service)	SOCIAL SECURITY NU.				Address	\$		
<u> </u>						lzie Wrigh	1 T				
				ine for (a), (b), and (c).					IN	TERVAL B	DEATH
	- 27 /	EATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	erebral he	mo:	rrnage				MSET AND MINU	tes
	5/-		то								
	Conditions, if		(b)								
	cause (a), s	teting the DUE	E TO								
-	underlying caus		(c)	IN HOSE READINGS	- DC 1	TPR 7/2 7/11 TPR 1/1/1/1/1	NACTAC ODAIL	UZIND AUSTRALIS		O MISO	uroben.
100	PARTIT. OTHERS	SIGNIFICANI CUNDITI	UNSCUNTRIBL	UTING TO DEATH BUT NOT	KELA	TED TO THE TERMINAL I	DISEASE CONC	ILLION GIVEN IN P	AK11(8)	9. WAS A PERFO	NUTOPSY RMED?
25										YES 🗍	NO 🗌
MEDICAL CERTIFICATION	20a. EXTERNAL PRIMARY □ or	L CAUSE WAS CONTRIBUTING [] TH.	200.	DESCRIBE HOW INJURY	DCCU	RRED. (Enter nuture of	f injury in Pa	n For Part II of	(tem 18.)		
12											
E	20c. TIME OF	INJURY Month, Day,		NJURY OCCURRED 200	factor	CE OF INJURY (Home, f: 'y, street, officebldg., e	arm, 2Df. (etc.)	City or town)	(County)		(State)
MED	p.1		While at worl								
	21. I certify	y that I took charg	e of the rem	nains described above	e, hel	d an Autopsy 🔲,	Inspection	i 💢, Inquii	ry 🔲, a	nd in my	opinion
	death result	ed from: Natura	l causes 🕱	, Accident,	Suid	cide 🔲, Homici	de 🔲,	Undetermined r	manner 🔲		
	ABTHE	000	17	.0.		CHIEF MEDICA					
	SIGNATURE		× au	utey		_M.D. ASSISTANT ME				22. DATE	
	EXAMINER'S	ď	C Do	la. M D		DEPUTY MEDIC		Marie and			
00	NAME (Type)			wley, M. D		Address (Stree			Crisf		· -
23:	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ERY	OR GREMATURY	230. 100	CATION (City, tov	yn or county)	Pri	State)
24	. FUNERAL DIRE	1/2/5	11/66	ADDRESS	Or	7 252 051	C'D BY REGIS	S/ /6/4	GISTRAR'S SI	CNATHRE	41
24	7-tru	1101/64	Clar		בר	/			ionles		
	Anthony	E. award		Crisfie	TU	, Md. DAMA	144	שמני	AT LOND	Asset of	Service Control



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and now event, within 72 hours after depth.

VR #15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OARDE

02.000	OLIVIII IONIL	OI PERII		114354			
1. PLACE OF DEATH a. COUNTY Somerset	MARYLANO	2. USUAL RESIDENCE a. STATE M &	E (Where deceased lived, If institution: Pyland b. COUNTY	Residence before admission) Somerset.			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield		c. CITY OR TOWN (If	outside corporate limits, write RURA	L and give nearest town)			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit McCready Memorial Hosp	al, give street address)	d. STREET ADDRESS A S b	isfield ury Avenue	e. IS RESIDENCE ON A FARM? YES NO ST			
	Middle est Haddrix	Last	4. OATE Month OF OEATH Mar.	Day Year 3 19 66			
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED 8. DIVORCED 8.	2-11-1882	last birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.			
during most of working life, even if retired) Retired Merc	of Business or STRY		unty & State, or foreign country) 12. (CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDE					
George B Maddrix 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service)	IALSECURITYNO. 17. IN	Mary A.	Sterling Admess				
	known Pa	ul Maddri	w Codactala Ma				
18. CAUSE OF DEATH (Enter only one cause per line for	0r (a) (b) and (c) 1	na maduri	x Crisfield, Md	I INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	or (a), (b), and (c). J	D =		ONSET AND DEATH			
IMMEDIATE CAUSE (a) (477	mary coll	sealon.		1-20(0177-			
1301 DUE 10	130 DIE 10						
Conditions If any which \	alma be	Almis		427 -			
gave rise to Immediate	grand kiss	Lec un					
underlying cause last. (c)	underlying cause last. (c) Gent Childre Actives (5)						
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 19 at work							
		10	40 10	Abat (I) (wa) test			
21. I certify that (I) (this hospital) attended the	.66	, 19	- D	, that (!) (we) last			
saw the deceased alive on 12r. 3	19 <u>~~</u> , and that d	leath occurred at	M, from the causes and on				
22a. SICNATURE CORRECTOR DATE SICNED M.O. PHYS. DIRECTOR PHYS. 3-4-1966							
PHYSICIAN'S NAME (Type) C G RAWLEY.	M . D .	22d. ADDRESS	isfield. Marvla	nd			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23 REMOVAL (Specify)	C. NAME OF CEMETERY O		23d. LOCATION (City, town or co				
24. FONERAL DIRECTOR	Sabinary Come	tery 25a. REC'	D BY REGISTRAR 230 REGISTRAR	R'S SIGNATURE -			
Junes Trum	Just Drie	- OMFAR	8 1966 Milant	2. Judes -			



TO FINIRAL BIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO NESELTAL OR EXTENDING ENVENDED The law regulres that the Beath cartificate-be-executed within 24 hours after death.

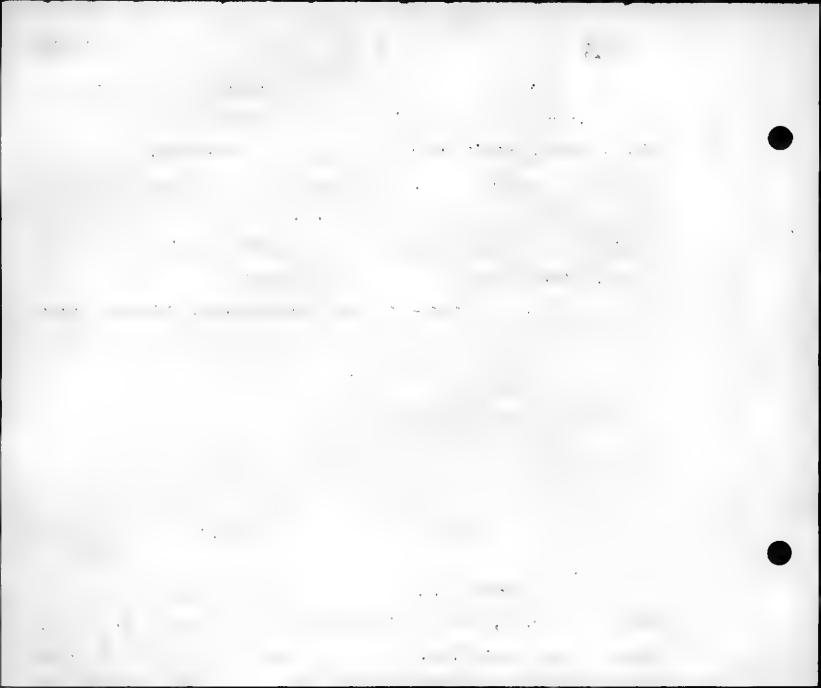
Page 4 mmy be ratained by the huspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OFFICE OF DEATH

14356

	16663			UL	X 1 11 1 1 0 2	ALE C	I DEN					U -3	UU	U.
1.	PLACE OF DEATH							ENĈE	(Where de	ceased lived, if		Residence	before ad	lmission)
	a. COUNTY	Somerset MARYLAND					a. STATE b. COUNTY Some rset							
	b. CITY OR TO	OWN (if outside of AL and give near	orporate limits	, c. LENGTI	OF STAY IN					porate limits,				t town)
	write RUR/		_	Ld	fe		C	m s	fiel	A		1	G - 1	
	d. NAME OF H	Crisfiel OSPITAL DR INST				ess) d. S	TREET ADDRE		STICT			1 8	, IS RES	IDENCE
		McCready					7	00	0	04			ON A F	-
3	NAME DF	110010203	First	-			Last	.02	4. DATE	Street	n th		ESYea	NO DE
3	DECEASED	A .			iddle	04			OF			Day		
5	(Type or print SEX	6. COLOR OR	Edward	W.			rling	· ·	DEAT!	1102		21	19	
	Male	White	7. 111210	RIED NEVER		7		300		last birthda	y) Months	Days	Hours	Min.
		ATION (Give kind o	1	WED	DIVORCED		1, 18		ntu & State	yrs., or foreign cour	, 12 l	C1717EN 1	TE WHAT	<u> </u>
dur	ing most of wo	rking lire, even it	retired)	INDUSTRY		1					_ (COUNTRY?		
12	Repairm FATHER'S NA			Telephon	10	1 14	MOTHER'S M			larylan	a		US	A
10.	_		teamline											
10	Severn		terling				nie Tra	ade	T					
(Ye	es, no, or unkown	D EVER IN U.S. ARI (If yes give war o	dates of service)	16. SDCIAL SEC		17. INFD					ress			
	No	Non	8	212-10-0	7713	Mrs.	Woland	Ste	erling	g, Cri	sfield		····	and the same of th
		F DEATH { Enter o	-	per line for (a), (b), and (c).]							INTE	T AND S	TWEEN DEATH
	PART I.	DEATH WAS CAUS IMMEDIATE	SED BY: CAUSE (a)	Cerely	al 7	Biton	ul:0219	<u>.</u>				/		245_
	Conditions, if any, which) (b) Head Arlerin selector 15							_	res					
		o immediate (stating the	DUE TO											
_	underlying ca	use last.	(c)											
1100	PART II. OTHE	RSIGNIFICANTCO	NDITIONS CON	TRIBUTING TO DE	ATH BUT NOT I	RELATED T	OTHETERMIN	AL DI	SEASECON	DITION GIVEN	IN PART 1(a	19.	WAS AU	TOPSY MED?
ICA												YE		NO 🗌
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) BY CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							8.)							
:AL	2Dc. TIME O	F INJURY Month	Day, Year 2	Od. INJURY OCCI	JRRED 2De.	PLACE DE	INJURY (Hom	e, fari	m, 2Df.	(City or town)	(Cc	ounty)	(S	tate)
MEDICAL	Hour	a.m. p.m.	19 at	Yhile Not Wi	ille 🖂	actory, str	eet, office bld	g., etc	:.)					
Σ		tify that (i) (thi					-21	10	46 to	2-2	/ 190	G th	of (II) to	ra) last
		deceased alive (m the cause				
	22a. SIGNAT		111		, and	that uca	II DOCOTICA (Will tite coos		DATE SIG		
		ORY	20110	Pour			TENDING THE	M	ED.	STAFF PHYS.	7 3/	22/6	6	
	22c. PHYSIC		Com				2d. ADDRESS		III COTON	11110				
	NAME	C. G	. Rawle	y, M.D.			Cri	sfi	ield.	Maryla	nd			
232	BURIAL, CRI	EMATION, 23b.	DATE THEREOF	23c. NA	ME OF CEMET	TERY OR C		-		OCATION (City,		ounty)	(\$1	ate) =
Bı	REMOVAL (S	Mar Mar	. 24, 19	966 Sunny	ridge	Cemet	ery		Cri	sfield,	Md.			
24	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE													
B	radshaw	& Sons,	Crisfie	ld, Md.			D.	IR !	28 19	966 8	cliarl	ay Ju	de	

VR A15 (4) 20M 1/65



ADDRESS

SALISBURY MARYLAND

e. IS RESIDENCE ON A FARM?

Year

20th 1966

COUNTRY?

SA

Hours

INTERVAL BETWEEN

Minutes

WAS AUTOPSY

NO V

(State)

PERFORMED?

Mel .

and In my opinion

22. DATE SIGNED

66

(State)

YES

(County)

REGISTRAR'S SIGNATURE

Marley

25b.

REC'D BY REGISTRAR

NO I

2 ALSME. 1/65

FUNERAL DIRECTOR

COMPANY

24.

A			4 4	
//Lcomico	Smalvana		Jangisc	
	nebli		ารราคม รอก	G .
	B, D, # 2		onle Boy	
वेवे सम्बद्ध HOI	TAYLOR EOLYAT	FIREGM	MAILLEN	
7 15	Aug. 5/1920	Aggin	lil te	ef. d
A & U	Sden, Haryland	eno	Uriver	Truck
	Frances Harrington		m Paul Taylor	1111
er) H. D. C. Sach,	. Wm. Prul Taylor(Fath	rt ,	IIV.V.V	LY
and little		Sintimo		
	Shelt Tew you			
	STORY BUILDING	heated a ma		
* P = #61127.551	X X		36-05-1	
		August	THURST	
10 mores 1 /66	X man desperation and a second	ut ter veryland	n.Eyerett G.S. Wes witer,	3
rylona	etery, creat, M	56 Allen Sem	el ***. 22/3 94	reme
ALCOHOLD TO	"SEN " " " OF ATY	SAM, METHERLIAR	YHARMOD & Y	ROTTO'I

FOR STAT HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5, who have retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	17-14-94							OF GEO.			
I.	1. PLACE OF DEATH •. COUNTY Somerset				CTATE	NCE (Where decessed lived, If	ITY	ence before edmission)			
	_			MARYLAND	Maryland Somerset						
	'	write RURAL on	(if outside corporate limits, and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)						
			Crisfield	50 years	Cri	sfield	/	9-1			
		d. NAME OF HOSP	ITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRES	i\$	•	e. IS RESIDENCE			
9	_		DOA McCread		RFD #1 VES NO E						
	3. NAME OF First Middle DECEASED (Type of print) WEBSTER WASHINGTON				WHITE	4. DATE Month OF DEATH March					
	5.	Male	V.Plant de la	THE ATE WINKERS	arch 4, 188	9. AGE (In years last birthday)	Months Days				
	dor	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener Landscaping									
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME						
		Unknown			Unknown						
	15. (Yes	WAS DECEASED E	VER IN U.S. ARMED FORCES? (If yes give we rordeles of service): None	None Pre		te, Rt. Bx. 24,		c, Va.			
			y, which the course th	mpound fractumoral vessels sanguination.	re, right with res	leg, with toultant		INTERVAL BETWEEN ONSET AND DEATH IT IN			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \) NO A										
0	CERTIFICATION	20s. EXTERNAL C PRIMARY K) or Co CAUSE OF DEATH	ONTRIBUTING [7]	scribe how injury occurred.	(Enter nature of injury in	Pert I or Pert II of item 16.)					
7	MEDICAL	10: 15p.m.	URY Month, Day, Year 2	Dd. INJURY OCCURRED 200. PLA	ory, street, office bldg., e	Crisfield	(County)	(Stete)			
	21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER . DATE SIGNED.										
2		EXAMINER'S NAME (Type)	C. G. Rawley,		DEPUTY MEDIC	AL EXAMINER 🔀 ME	ar. 31, effeld,	1966			
	-	BURIAL, CREMATI REMOVAL (Specify Tial		6 Sunnyridge Cen		22d. LOCATION (City, town		(Stete)			
0	23.	FUNERAL DIRECTO		ADDRES\$		EC'D BY REGISTRAR 246. REG		TURE			
/	Br	adshaw &	Sons, Crisfiel	d, Md.	ARE	14 1966 get	carles &	udge			

VR A15ME